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Todd T. Taylor TAYLOR & AU 142 S. Main St.		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
P.O. Box 560 Avilla, IN 46710				Todd T. Taylor (Depositor's t					Depositor's name)
Aviiia, 114 40710	,			/Todd T.	[aylo	r, Reg.	No. 3	6945/	(Signature)
				Marc	h 19,	2009			(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTO	ORNEY DOCKET NO. CONFIRMATI			TION NO.
10/685,247	10/14/2003	Gary T. Dane	Gary T. Dane SMI0077.US 3999					99	
TITLE OF INVENTION	: ORTHOPAEDIC INST	RUMENT STERILIZAT	TION CASE				-12		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE PREV. PAID IS	SUE FEE	TOTAL FEE(S) DUE DAT		E DUE	
nonprovisional	YES NO	\$755- 1510	\$300	\$0		\$1055 1810		04/13/2009	
EXAMINER		ART UNIT	ART UNIT CLASS-SUBCLAS						
CASTELLANO, STEPHEN J		3781	206-503000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered paten listed, no name w	of a single firm (having as a member a princy or agent) and the names of up to atent attorneys or agents. If no name is a member a see will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								been filed for	
Symmetry M	ledical, Inc.		Warsaw, IN						
	riate assignee category or	rinted on the patent):	ed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government						
	are submitted: No small entity discount processes the second processes	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-0095 (enclose an extra copy of this form). 							
	itus (from status indicate		₩ b. Applicant is n	o longer claiming St	/ALL E	NTITY status.	See 37 CF	R 1.27(g)(2	·).
NOTE: The Issue Fee ar	nd Publication Fee (if req	uired) will not be accepte ites Patent and Trademark	d from anyone other						
Authorized Signature	/Todd T. Tay	lor, Reg. No.	36945/	Date	Ma	rch_19,	2009		***************************************
Typed or printed nam		. Taylor				36,94			
		CFR 1.311. The information U.S.C. 122 and 37 CFR to USPTO. Time will varied to the control of th							rrO to process preparing, and ire to complete ommerce, P.O P.O. Box 1450
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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